

USE THIS FORM FOR ALL ENTRIES EXCEPT CRAFTS

THE CLEVELAND MUSEUM OF ART
FORTY-NINTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 3 to JUNE 18, 1967

Born in Cleveland ☒ YES ☐ NO

Entered Previous May Shows? ☐ YES ☒ NO

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____ Artist CHARLENE PAYTON
FIRST NAME LAST NAME

Address 2577 OVERLOOK RD.; CLEVELAND HTS. 44106, CUYAHOGA Tel. 932-9896
NO. STREET CITY ZIP CODE COUNTY

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please bring Registration Fee of \$2.00 (Cash or Check) with your entries.

CLASS <u>1.</u>	MEDIUM <u>PAINTING</u>	CLASS <u>1.</u>	MEDIUM <u>PAINTING</u>	CLASS <u>2</u>	MEDIUM <u>(DRAWING) GRAPHICS</u>												
TITLE <u>CRIES FROM A PARK POSSESSED</u>		TITLE <u>CUMPLEAÑOS No. 19</u>		TITLE <u>ESTUDIO No. 5 PARA LA GUITARRA</u>													
DESCRIPTION OF OBJECT <u>TEMPERA + INK (MIXED MEDIA)</u>		DESCRIPTION OF OBJECT <u>(MIXED MEDIA) TEMPERA + INK</u>		DESCRIPTION OF OBJECT <u>DRAWING</u>													
NUMBER FOR SALE <u>1</u>	NUMBER IN EDITION (GRAPHIC PRTS.)	PRICE <u>\$40.00</u>	NUMBER FOR SALE <u>1</u>	NUMBER IN EDITION (GRAPHIC PRTS.)	PRICE <u>\$125.00</u>												
Artist <u>CHARLENE PAYTON</u> FIRST NAME LAST NAME		Artist <u>CHARLENE PAYTON</u> FIRST NAME LAST NAME		Artist <u>CHARLENE PAYTON</u> FIRST NAME LAST NAME													
<div>2075</div> <table border="1"> <tr> <td>ACCEPTED</td> <td>REJECTED</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		ACCEPTED	REJECTED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<div>2076</div> <table border="1"> <tr> <td>ACCEPTED</td> <td>REJECTED</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		ACCEPTED	REJECTED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div>2077</div> <table border="1"> <tr> <td>ACCEPTED</td> <td>REJECTED</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		ACCEPTED	REJECTED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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This entry blank must be fully made out (typewritten or plainly lettered for catalog purposes) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1967.

It is also understood that accepted entries will remain on exhibition until June 18 1967.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Charlene Payton
SIGNATURE

SUBMIT ENTRIES WITH ENTRY BLANK AND
FEE MARCH 11 THROUGH MARCH 18, 1967.

Submit one entry blank in triplicate per person. One copy, complete with juror's marks, will be returned to you as notification of acceptance or rejection. THIS COPY IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This form in duplicate is made up of N C R paper which does not require carbon.

RETURN DATES FOR OBJECTS - Monday through Saturday 9 a.m. - 4:45 p.m. at Museum Service Entrance

REJECTED: May 6 - May 20

ACCEPTED: June 23 - July 8